

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000008640

FILED
May 01, 2008
Secretary of State

Entity Name: ARMSTRONG REUNION, LLC

Current Principal Place of Business:

13801 NORTH DALE MABRY HWY., SUITE 200
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

ONE ARMSTRONG PLACE
BUTLER, PA 16001

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAMPBELL, KIRBY J
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

Title: MGR () Delete
Name: SEDWICK, DRU A
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

Title: MGR () Delete
Name: CIPOLETTI, BRYAN
Address: ONE ARMSTRONG PLACE
City-St-Zip: BUTLER, PA 16001

Title: MGR () Delete
Name: GOINS, ALLEN
Address: 13801 NORTH DALE MABRY HWY.
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DRU A. SEDWICK

MGR

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date